



09-02-05

IPW #5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                  |                  |   |                   |      |
|------------------|------------------|---|-------------------|------|
| Application No.: | 10/727,777       | ) | Confirmation No.: | 7087 |
| Applicant:       | Manoj Monga      | ) |                   |      |
| Filed:           | December 3, 2003 | ) |                   |      |
| TC/A.U.:         | 3761             | ) |                   |      |
| Examiner:        | Craig, Paula L.  | ) |                   |      |
| Docket No.:      | A-2826-AL        | ) |                   |      |
| Customer No.:    | 21378            | ) |                   |      |

EXPRESS MAIL MAILING LABEL NO. EV 384057606 US

Date of Deposit: August 31, 2005

I hereby certify that the following documents, as identified below, are being deposited with the United States Postal Service "Express Mail" to Addressee under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450.

1. Amendment with replacement drawings;
2. Information Disclosure Statement;
3. Form PTO/SB08a;
4. Fee Transmittal; and
5. Transmittal.

Each of the above-identified documents is enclosed herewith.

Respectfully submitted,

  
Barbara Johnson  
Applied Medical Resources Corporation

**Customer No. 21378**  
Telephone (949) 713-8000  
Facsimile (949) 713-8206



AUG 31 2005

PTO/SB/21 (02-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                          |    |                        |                  |
|------------------------------------------|----|------------------------|------------------|
|                                          |    | Application Number     | 10/727,777       |
|                                          |    | Filing Date            | December 3, 2003 |
|                                          |    | First Named Inventor   | Manoj Monga      |
|                                          |    | Art Unit               | 3761             |
|                                          |    | Examiner Name          | Craig, Paula L.  |
| Total Number of Pages in This Submission | 28 | Attorney Docket Number | A-2826-AL        |

### ENCLOSURES (Check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>PTO Form SB/08a |
| <input type="checkbox"/> Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                                                                     |
|-------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | DAVID G. MAJDALI                                                                    |
| Signature               |  |
| Date                    | August 31, 2005                                                                     |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |                                                                                     |
|-----------------------|-------------------------------------------------------------------------------------|
| Typed or printed name | Barbara Johnson                                                                     |
| Signature             |  |
|                       | Date                                                                                |
|                       | August 31, 2005                                                                     |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 31 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

## Complete If Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/727,777       |
| Filing Date          | December 3, 2003 |
| First Named Inventor | Manoj Monga      |
| Examiner Name        | Craig, Paula L.  |
| Art Unit             | 3761             |
| Attorney Docket No.  | A-2826-AU        |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |

### 2. EXCESS CLAIM FEES

#### Fee Description

|                                                                                                         | Small Entity |
|---------------------------------------------------------------------------------------------------------|--------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50 25        |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 100      |
| Multiple dependent claims                                                                               | 360 180      |

| Total Claims | 33                | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|-------------------|--------------|----------|---------------|---------------------------|----------|---------------|
| 32           | - 20 or <u>HP</u> | 0            | x        | =             |                           |          |               |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | 3                | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|------------------|--------------|----------|---------------|---------------------------|----------|---------------|
| 2             | - 3 or <u>HP</u> | 0            | x        | =             |                           |          |               |

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
| - 100 =      |              | / 50 = (round up to a whole number) x            |          | =             |

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

180

## SUBMITTED BY

|                   |                                                                                     |                                             |                        |
|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------|------------------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) 53,257 | Telephone 949-713-8233 |
| Name (Print/Type) | David G. Majdali                                                                    |                                             | Date August 31, 2005   |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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